


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 046 ****70.00

DOCUMENT # N05000006136	
1. Entity Name DESTINY MINISTRIES INTERNATIONAL CHURCH, INC.	

Principal Place of Business 1126 S. FEDERAL HIGHWAY #130 FORT LAUDERDALE, FL 33316	Mailing Address 1126 S. FEDERAL HIGHWAY #130 FORT LAUDERDALE, FL 33316
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50014379



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 202974377	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DURHAM, DAVID J 500 EAST BROWARD BLVD SUITE 127 FORT LAUDERDALE, FL 33394		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, FREDERICK A DR.	NAME	
STREET ADDRESS	PO BOX 550825	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 333550825	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, FREDERICK A JR.	NAME	
STREET ADDRESS	500 EAST BROWARD BLVD SUITE 128	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, CARL L	NAME	
STREET ADDRESS	500 EAST BROWARD BLVD SUITE 127	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, DAVID J	NAME	
STREET ADDRESS	500 EAST BROWARD BLVD SUITE 127	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, RICHARD A	NAME	
STREET ADDRESS	500 EAST BROWARD BLVD SUITE 127	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID J. DURHAM** **4.14.06** **610.716.1655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #